

**Testimony before the Connecticut Labor and Public Employees
Committee**

Hearing on Raised Bill 5433

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My name is Bernadette Lynch. I am a Social Services Consultant in the State of California. I have a Masters of Social Work from the California State University at Sacramento. I recently retired after a lengthy career with the Sacramento County Department of Health and Human Services where I was Chief of Senior and Adult Services (SAS). Prior to becoming Chief of SAS, I was the founding Executive Director of the Sacramento County In Home Supportive Services (IHSS) Public Authority and remained in that position for almost ten years.

SEIU has asked me to provide your committee with some information about the California model for in home care.

In California, the In Home Supportive Services program, commonly referred to as IHSS, is the Medicaid program that addresses the needs of low-income Californians with disabilities, the elderly, and the blind who require assistance with personal care and/or domestic services. The program allows recipients to remain safely in their own homes rather than in an institutional setting. IHSS has 430,000 recipients with almost as many Personal Care Assistants (PCAs). In Sacramento County alone there are 18,000 recipients. The PCAs are referred to as "providers". Social workers authorize hours of service for the recipients up to a monthly maximum of 283 hours in accord with state regulations. Today the hourly pay varies, ranging from \$8 in a dozen rural counties to \$12.12 in Santa Clara County. The state pays its share (35%) of the cost up to \$12.10 per hour. This rate

Includes \$.60 per hour for health benefits. If a County negotiates a higher wage it must pay the difference. The State and the Board of Directors of the County Public Authorities must approve all wage/benefit rates. Public Authorities in many counties now also provide health and dental benefits

The Public Authority Model

Under legislation passed in 1999, each California County was required to establish a Public Authority, which acts as the "employer of record" for IHSS providers. The legislation mandated that the Public Authority be an "entity separate from the county." The vast majority of counties adopted this model and their county Board of Supervisors is the Public Authority's Board of Directors. The Public Authority negotiates with the union for wage and benefits for IHSS providers and the Board of Directors, the County Board of Supervisors, oversees these negotiations. The State legislation set maximum amounts for the wages and benefits. The State must approve all wage and benefit rates.

To ensure IHSS recipients' rights for self-direction, the legislation mandated that the recipients retain the right to choose the provider, recruit, select, train and if necessary fire the provider. It also mandates an IHSS advisory committee to ensure that the IHSS recipients and providers have a voice in IHSS. Fifty percent of the Advisory Committee members must be recipients of personal care services. The advisory committee gives an institutional voice to the IHSS recipients and providers.

Public authorities are also mandated to establish provider registries that investigate provider qualifications through screening, interviewing and background checks. These measures have improved the quality of IHSS providers and the services available to recipients. The screening

discourages unsuitable provider candidates. Prior to the establishment of the registries, consumers were often fearful that if their provider could not care for them, they would be without care or unable to find a replacement in a timely manner. The matching of consumers and providers for ethnicity, preferences, and geographical location has made the hiring task easier for recipients and has appeared to increase the stability of the relationship. The registries, through these practices, have improved the quality of services. Some counties provide emergency services.

Public Authorities provide training in a number of areas and focus the training for providers. Training is geared to the types of issues that providers encounter and information they need to know. Training has increased the knowledge base and skill level for many providers. All of the training is voluntary. A knowledgeable, skilled workforce improves the quality of life for the recipients of that care.

The Public Authority model has been successful in California.

- The improvement in IHSS wages and benefits has attracted more qualified, stable providers into the program.
- There is no dearth of available providers now.
- Training is available to those who choose to avail themselves leading to a more educated, competent workforce.
- Registry services have greatly reduced the fear of not having a provider when needed. Matching services have increased the likelihood of hiring and a lasting match.
- In some instances, emergency services are provided when a provider is unable to report to work.
- Consumers and providers have a voice in the IHSS program.

- Consumer self-direction remains the hallmark of IHSS.